

The Information Practices Act (IPA) of 1977 (Civil Code Section 1798, et seq.) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting confidential or personal information from individuals. The information requested on this form is mandatory, and the failure to provide all or any part of the requested information may delay the processing of this form. The Commission on POST requires the social security number for identification purposes. Inquires may be directed to the POST Records Manager at the above address.

INSTRUCTIONS

- Complete this form to request a copy of your POST profile record.
- Complete this form to request a copy of a POST profile record for another individual who has provided you with a written, signed authorization to request the profile. You must attach the authorization to this request.

PERSONAL INFORMATION

1. NAME ON PROFILE (FIRST, MIDDLE, LAST)		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH
4. TELEPHONE NUMBER (Optional) () - EXT	5. CURRENT/MOST RECENT LAW ENFORCEMENT DEPARTMENT	6. YEAR HIRED	7. BASIC ACADEMY (NAME OF PRSETER)

FEE INFORMATION

9. CHECK APPLICABLE STATEMENTS AND ATTACH ANY REQUIRED FEE(S).

- ☐ I AM EXEMPT FROM A FEE BECAUSE I AM CURRENTLY EMPLOYED AS A SWORN OFFICER, DISPATCHER, OR RECORDS SUPERVISOR BY A POST-PARTICIPATING DEPARTMENT, AS INDICATED IN BOX 5 ABOVE.
- ☐ I AM NOT EMPLOYED BY A POST-PARTICIPATING DEPARTMENT, AND I HAVE ATTACHED THE \$10 FEE FOR A RECORDS SEARCH.
- ☐ I REQUEST EXPEDITED SERVICE, AND I HAVE ADDED THE \$10 FEE FOR ONE-THREE DAY PROCESSING.
- ☐ I REQUEST A NOTARIZED* DOCUMENT, AND I HAVE ADDED THE \$10 FEE.

*DESCRIBE REQUESTED NOTARIZATION _____

ATTESTATION OF REQUESTING INDIVIDUAL (Complete appropriate statement)

INDIVIDUAL REQUESTING PROFILE

Under penalty of perjury, I declare that I am the above named individual and am making a request for my personal record. (Authorization from individual not required.)

SIGNATURE	PRINT FULL NAME	DATE
MAILING ADDRESS		
STREET	CITY	STATE ZIP
DEPARTMENT DESIGNEE AUTHORIZED TO REQUEST PROFILE		

I am the department designee for a POST-participating department, and I am authorized to request information on department employees' POST records. The above-named individual is currently an employee of the department named above. I attest that I will use the information to conduct only department business. (Authorization from individual not required.)

SIGNATURE	PRINT FULL NAME AND TITLE	DATE
MAILING ADDRESS		
STREET	CITY	STATE ZIP

INDIVIDUAL GRANTED AUTHORIZATION TO REQUEST PROFILE

I am not the above-named individual. Under penalty of perjury, I declare that I have authorization from the above-named individual to request this individual's POST Profile Record. I have attached the individual's signed authorization/waiver for release of this record.

SIGNATURE	PRINT FULL NAME AND TITLE	DATE
MAILING ADDRESS		
STREET	CITY	STATE ZIP

COMMENTS / QUESTIONS

ENTER ANY COMMENTS/QUESTIONS HERE